

C I T Y O F <b>JOHNSCREEK</b> 678-512-3200 ~ (fax) 678-512-3303 12000 Findley Road, Suite 400, Johns Creek, GA 30097				<h2 style="margin: 0;">Building Permit Application</h2>	
<input type="checkbox"/> Residential  <input type="checkbox"/> Commercial		Date: ____ / ____ / ____      Permit No. _____  ESTIMATED VALUE (Labor and Materials): \$ _____			
JOB SITE ADDRESS:		PROJECT NAME:		SUITE #:	
Property Use:	P.I.N.:	Zoning Class.:	Zoning Case #:		
Job Description: _____ _____					
<b>Property Owner</b>	Name: _____				
	Address: _____		Zip: _____	Phone: _____ Email: _____	
<b>General Contractor</b>	Name: _____		Bus. License No.: _____		
	Address: _____		Zip: _____	Phone: _____ Email: _____	
Building Height: _____  Number of Units: _____  Flood Zone: <input type="checkbox"/> yes <input type="checkbox"/> no	Contact Person: _____  Phone: _____  Fax: _____  Email: _____		Design Professional: _____  Phone: _____  Fax: _____  Email: _____		
Total Area: _____ Sq. Ft.      Within 2,000 Foot River Corridor: <input type="checkbox"/> yes <input type="checkbox"/> no					
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.					
Signature of Applicant or Permittee: _____				Date: _____	
<b>FOR OFFICE USE ONLY</b>		Application Accepted by: _____			
Construction Type:		Occupancy:		LDP Required: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Sq. Footage	Valuation Multiplier	Valuation \$	Total Valuation	
Heated					
Unheated					
TOTAL					
Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CO Fee: \$ _____	Total Fee: \$ _____	
Date Paid: _____	Date Paid: _____	Date Paid: _____	Date Paid: _____	Date Paid: _____	